

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 002999	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/10/2014
NAME OF PROVIDER OR SUPPLIER HEARTH AT WINDERMERE		STREET ADDRESS, CITY, STATE, ZIP CODE 9745 OLYMPIA DR FISHERS, IN 46038		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00141998 completed on January 24, 2014.</p> <p>Complaint IN00141998 Corrected</p> <p>Survey Date: March 10, 2014</p> <p>Facility number: 002999 Provider number: 002999 AIM number: NA</p> <p>Survey Team: Mary Jane G. Fischer RN</p> <p>Census bed type: Residential: 95 Total: 95</p> <p>Census payor type: Other: 95 Total: 95</p> <p>Sample: 4</p> <p>The Hearth of Windermere was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the Investigation of Complaint Number IN00141998.</p> <p>Quality Review was completed by Tammy Alley RN on March 11, 2014.</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE